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MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No.:

SRSLABS.053C3

Applicant

Arnold I. Klayman

For

AUDIO ENHANCEMENT SYSTEM

Attorney

John R. King

"Express Mail"

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EV 31901 9815 US

Date of Deposit

July 7, 2003

I hereby certify that the accompanying

Transmittal letter; Specification in 26 pages; 4 sheets of drawings; Copy of Declaration by Inventor in 1 page; Check for Filing Fee; Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Nelson Merida

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Attorney Docket No. SRSLABS.053C3

Date: July 7, 2003 Page 1

Mail Stop PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application of

Inventor: Arnold I. Klayman

For: AUDIO ENHANCEMENT SYSTEM

Enclosed are:

- 4 formal sheets of drawings.
- (X) This application is a continuation of prior application 09/211,953, filed December 15, 1998; which was a continuation of U.S. Application No. 08/770,045, filed December 19, 1996, now U.S. Patent No. 5,892,830, issued April 6, 1999; which was a continuation of U.S. Application No. 08/430,751, filed April 27, 1995, now U.S. Patent No. 5,661,808, issued August 26, 1997.
- (X) A copy of Declaration from prior application is enclosed.
- (X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- (X) Return prepaid postcard.

CLAIMS AS FILED				
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$750	\$750
Total Claims	29 - 20 =	9 ×	\$18	\$162
Independent Claims	4 - 3 =	1 ×	\$84	\$84
If application contains any multiple dependent claims(s), then add			\$280	\$0
TOTAL FILING FEE				\$996

- (X) A check in the amount of \$996 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.

Attorney Docket No. SRSLABS.053C3

Date: July 7, 2003

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(X) Please use Customer No. 20,995 for the correspondence address.

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